



## LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

### **Request for Exemption** **from CDS related Continuing Medical Education as per Act 76 of 2017**

I, \_\_\_\_\_ certify that I have not prescribed, administered or dispensed any controlled dangerous substances in the state of Louisiana during the entire year covered by my expiring license. I understand that this certification will be verified by a review of the last twelve months of my prescribing history through the Prescription Monitoring Program. I understand that if I subsequently prescribe, administer or dispense a CDS in Louisiana, I must satisfy the CDS CME requirement as a condition to license renewal for the year immediately following that in which the CDS was prescribed, administered or dispensed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

- \* After signing the form, you can scan and email it to [cdscme@lsbme.la.gov](mailto:cdscme@lsbme.la.gov) or mail it to:  
**Louisiana State Board of Medical Examiners**  
**ATTN: CDS CME**  
**630 Camp Street**  
**New Orleans, LA 70130**